

**May 18, 2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Medical Necessity: 12 Sessions of physical therapy (PT) for the left knee.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. The physician is certified in pain management. The physician has a private practice of Physical Medicine & Rehabilitation, Electro Diagnostic Medicine & Pain Management in Texas. The physician is a member of the Texas Medical Association and the Houston Physical Medicine and Rehabilitation Society. The physician is licensed in Texas and Michigan and has been in practice for over 25 years.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

*Upon independent review the physician finds that the previous adverse determination should be ~ Upheld*

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx year old who reportedly twisted his left knee exiting his bus on xx/xx/xx. performed a medial menisectomy and chondroplasty on 2/3/15. At this point I have some confusion. wrote on 4/6/15 of his ongoing symptoms of weakness (3+) and medial femoral condyle tenderness and a small effusion. He wrote that this man had no therapy since 2/9/15, which would be 6 days post surgery. The records describe 13 visits through 3/17/15 and a last visit on 4/6/15,

which would appear to be a 14th visit. requested additional therapies to support the request of the therapists to improve strength and motion. He had 0 to 120 degrees of motion.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

wrote that this man did not have therapy, but he clearly had the 12 approved in the ODG, and a total of 14. So the 12 sessions would be approved, but there is no medical justification for additional therapies beyond 12. The ODG questions the value after partial meniesctomies.

Therefore, I provide an adverse decision and a denial for the additional 12 sessions

Physical medicine treatment	<p>Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (<a href="#">Philadelphia, 2001</a>) Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period....</p> <p><b>Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (<a href="#">Goodwin, 2003</a>)...Many patients do not require PT after partial meniscectomy. (<a href="#">Morrissey, 2006</a>)...</b></p> <p>engage in physical activity consistent with national guidelines. (<a href="#">AAOS, 2013</a>)</p> <p><b>ODG Physical Medicine Guidelines –</b>                  Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the <a href="#">ODG Preface</a>.  <b>Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella</b> (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):                  Medical treatment: 9 visits over 8 weeks                  Post-surgical (Meniscectomy): 12 visits over 12 weeks  <b>Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear)</b> (ICD9 844; 844.2):                  Medical treatment: 12 visits over 8 weeks                  Post-surgical (ACL repair): 24 visits over 16 weeks  <b>Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis</b> (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):                  Medical treatment: 9 visits over 8 weeks                  Post-surgical: 12 visits over 12 weeks  <b>Articular cartilage disorder - chondral defects</b> (ICD9 718.0)                  Medical treatment: 9 visits over 8 weeks                  Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks  <b>Pain in joint; Effusion of joint</b> (ICD9 719.0; 719.4):                  9 visits over 8 weeks</p>
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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &  
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY  
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR  
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW  
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &  
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**